

**Commonwealth of Massachusetts
Executive Office of Health and Human Services**

NOTICE OF PUBLIC HEARING

Pursuant to the authority of M.G.L. c. 118E and in accordance with M.G.L. c. 30A, a remote public hearing will be held on Monday, November 8, 2021, at 1:00 p.m. relative to the adoption of:

101 CMR 304.00: Rates for Community Health Centers

Summary of Proposed Regulation

The proposed amendments to 101 CMR 304.00, effective January 1, 2022, contain updates to rates, coverage and codes, and rate and payment methodology. The proposed rates are in compliance with the requirement of M.G.L. Chapter 118E Section 13C, which requires that rates established by the Executive Office of Health and Human Services (EOHHS) for health care services be “adequate to meet the costs incurred by efficiently and economically operated facilities providing care and services in conformity with applicable state and federal laws and regulations and quality and safety standards.”

The proposed amendments are also in compliance with the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 (BIPA), requiring Medicaid agencies to pay CHCs that are federally qualified health centers (FQHCs) either: 1) according to a prospective payment system (PPS) based on each CHC’s reasonable costs for services provided in 1999 and 2000, adjusted for inflation and changes in scope of the services offered; or 2) according to an alternative payment method (APM), provided resulting payments at least equal those that would be paid under the PPS.

The proposed amendments 1) increase the rates for the individual medical visit, individual medical visit with nurse midwife, and psychiatric mental health visit for new and established patients to \$216.00 per member per visit; 2) set a proposed rate for the group medical visit at \$42.20, 20% of the proposed rate for the individual medical visit rate; 3) increase rates for the Early and Periodic Screening, Diagnostic and Testing (EPSDT) visits for new and established patients to \$222.00, 103% of the rate for the individual medical visit; 4) establish a definition for dental visits and set a per dental visit add-on of \$91.00 for CHCs, in addition to the existing \$19.00 dental enhancement rate, for a total rate of \$110.00 per member per day for the dental enhancement payment; 5) establish definitions for individual behavioral health visits and group behavioral health visits and set rates for such visits at \$140.00 and \$28.00 (20% of the individual behavioral health visit rate), respectively; and 6) add two new services to improve access to care coordination for behavioral health services: behavioral health integration (BHI) at a rate of \$56.98, and psychiatric collaborative care management (CoCM) at a rate of \$124.07 (both rates are set at 85% of the corresponding Medicare rates). All other rates will remain at their current levels.

The proposed amendments will also update the rate methodology for developing PPS rates for 1) medical and behavioral health services for each CHC that is a FQHC, and 2) dental services for each CHC that is an FQHC and provides dental services. These PPS rate methodologies are based on each CHC/FQHC's 1999/2000 costs, adjusted for reasonableness and inflated forward by the Medicare Economic Index (MEI). The PPS rates for each CHC/FQHC may be adjusted based on changes in scope of service identified by EOHHS or requested by the CHC/FQHC. The proposed amendments will also state that each CHC/FQHC will be paid at or above its individual PPS rate through the APM structure.

In addition to the proposed increases in alternative payment rates described above, EOHHS will pay a quarterly reconciliation wrap payment for any CHC that is an FQHC that would have received a higher payment under its individual PPS rate (as defined by BIPA and calculated as described above) than they were paid through fee for service and managed care claims-based APM payments.

The total annualized cost of the proposed regulations is expected to be \$118 million.

The proposed amended regulation contains rates effective for dates of service on or after January 1, 2022. There is no fiscal impact on cities and towns.

To register to testify at the hearing and to get instructions on how to join the hearing online, go to www.mass.gov/service-details/executive-office-of-health-and-human-services-public-hearings. To join the hearing by phone, call (646) 558-8656 and enter meeting ID 935 397 8200# when prompted.

You may also submit written testimony instead of, or in addition to, live testimony. To submit written testimony, please email your testimony to ehs-regulations@mass.gov as an attached Word or PDF document or as text within the body of the email with the name of the regulation in the subject line. All written testimony must include the sender's full name, mailing address, and organization or affiliation, if any. Individuals who are unable to submit testimony by email should mail written testimony to EOHHS, c/o D. Briggs, 100 Hancock Street, 6th Floor, Quincy, MA 02171. Written testimony will be accepted through 5:00 p.m. on Monday, November 8, 2021. EOHHS specifically invites comments as to how the amendments may affect beneficiary access to care.

To review the current draft of the proposed actions, go to www.mass.gov/service-details/executive-office-of-health-and-human-services-public-hearings or request a copy in writing from MassHealth Publications, 100 Hancock Street, 6th Floor, Quincy, MA 02171.

Special accommodation requests may be directed to the Disability Accommodations Ombudsman by email at ADAaccommodations@mass.gov or by phone at (617) 847-3468 (TTY: (617) 847-3788 for people who are deaf, hard of hearing, or speech disabled). Please allow two weeks to schedule sign language interpreters.

EOHHS may adopt a revised version of the proposed actions taking into account relevant comments and any other practical alternatives that come to its attention.

In case of inclement weather or other emergency, hearing cancellation announcements will be posted on the MassHealth website at www.mass.gov/service-details/executive-office-of-health-and-human-services-public-hearings.

October 18, 2021